



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

**TWO (2) SETS OF PLANS ARE
NEEDED WITH THIS APPLICATION**

An electronic copy of the
plans is also needed - email
ksaunders@ci.reading.ma.us

**TO EXPEDITE THE APPLICATION, EMAIL
ADDRESSES ARE REQUIRED**

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street

City /Town

Zip Code

Name of Building (if applicable)

SECTION 2: PROPOSED WORK

Edition of MA State Code used _____ If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 1)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work:

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐
F: Factory F-1 ☐ F2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐
I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐
S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:

Special Use:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Owner - Print & Sign

No. and Street

City/Town & Zip

Property Owner Contact Information:

Title

Telephone No. (business)

Telephone No. (cell)

e-mail address

If applicable, the property owner hereby authorizes

Name

Street Address

City/Town

State

Zip

to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐ and skip Section 10.1)**10.1 Registered Professional Responsible for Construction Control**

Name (Registrant)

Telephone No.

e-mail address

Registration Number

Street Address

City/Town

State

Zip

Discipline

Expiration Date

10.2 General Contractor

Company Name

Name of Person Responsible for Construction

License No. and Type if Applicable

Street Address

City/Town

State

Zip

Telephone No. (business)

Telephone No. (cell)

e-mail address

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application?

Yes ☐ No ☐**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____. Note: Minimum fee = \$ _____ (contact municipality)
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	Enclose check payable to _____ (contact municipality) and write check number here _____

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name

Title

Telephone No.

Date

Street Address

City/Town

State

Zip

e-mail address

Municipal Inspector to fill out this section upon application approval:

Name

Date

Appendix 1

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street	City /Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

Water Shut Off? Yes ☐ No ☐

Gas Shut Off? Yes ☐ No ☐

Electricity Shut Off? Yes ☐ No ☐

Yes ☐ No ☐

Other (if applicable)

Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Other (if applicable)

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*.

Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date



*The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia*

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

**SECTION R105.7 -
PLACEMENT OF PERMIT**

The building permit or copy thereof shall be kept on the site of the work and be posted conspicuously until the completion of the project.

**This means that work shall not start
until the permit is issued and posted at the site.**

**SECTION R105.3.1 -
ACTION ON APPLICATION**

The *building official* shall examine or cause to be examined applications for permits and amendments, and take action, within 30 days of filing.

SECTION R105.5 - EXPIRATION

Every *permit* issued shall become invalid unless the work authorized by such *permit* is commenced within 180 days after its issuance, or if the work authorized by such *permit* is suspended or abandoned for a period of 180 days after the time work is commenced. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

SECTION R110.1 - USE OF OCCUPANCY

No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made until the *building official* has issued a certificate of occupancy, therefor as provided herein.

Required Inspections

The Massachusetts State Building Code 8th Edition requires one (1) copy of the approved plans and specifications together with the work or building permit to be kept at the site/work area of operation at all times during the process of the work authorized by the BUILDING INSPECTOR. It is the responsibility of the person obtaining the permit to notify the BUILDING INSPECTOR when the work is ready for inspection and no work should be covered before it has been inspected and approved.

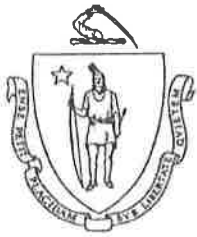
REQUESTS FOR INSPECTIONS are usually required in accordance with the following schedule – 48 hour advance notice shall be given:

- ☐ **Footings:** inspector to observe footing forms in place prior to pouring concrete
- ☐ **Foundation:** inspector to observe foundation walls/damp proofing prior to backfill
- ☐ **Sub-trade Inspections:** call appropriate inspector for individual inspections including, but not limited to: Plumbing, Gas, Electrical, Fire Department or Health Department
- ☐ **Frame:** inspection required after Plumbing, Gas and Electrical inspections
- ☐ **Mechanical:** to be observed at frame inspection before insulation
- ☐ **Insulation:** to be observed prior to wall board
- ☐ As Built plans may be required for new dwellings and additions
- ☐ **Final Inspection:** prior to permitted use and occupancy and after Plumbing, Gas, Electrical, Fire Department, Engineering, Health Department or Conservation work has been signed off and approved
- ☐ **ALL permits need a FINAL** – the building permit will need to be brought into the Town Hall before a final inspection. **Building Department hours are:** Monday – Thursday 7:00 a.m. – 5:30 p.m.

Contact Telephone Numbers

Inspection Service	Inspectors Name	Contact Telephone Number
Building Inspector	Glen Redmond	781.942.6613
Electrical Inspector*	Robert Morrocco	781.942.6614
Plumbing & Gas Inspector*	Peter Sparco	781.942.6615
Health Department		781.942.9061
Engineering		781.942.9082
Fire Department		781.944.3132
Conservation Administrator	Charles Tirone	781.942.6616
Dig Safe	www.digsafe.com	888-344-7233 (72 hour notice)

*Inspector office hours are Monday - Thursday 7:00-8:00 a.m. – they book their own inspections.



Initial Construction Control Document

To be submitted with the building permit application by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107

Project Title: _____ Date: _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a
registered design professional, and I have prepared or directly supervised the preparation of all design plans,
computations and specifications concerning:

☐ Architectural ☐ Structural ☐ Mechanical
☐ Fire Protection ☐ Electrical ☐ Other _____

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

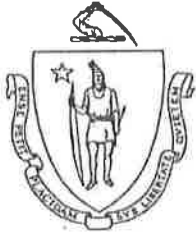
Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____



Final Construction Control Document

To be submitted at completion of construction by a
Registered Design Professional
for work per the 8th edition of the
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a
registered design professional, and I have prepared or directly supervised the preparation of all design plans,
computations and specifications concerning:

☐ Architectural ☐ Structural ☐ Mechanical
☐ Fire Protection ☐ Electrical ☐ Other: _____

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____